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September 4, 2020

Senator Gratwick, Chair  
Representative Hymanson, Chair  
Members of the Joint Standing Committee on Health and Human Services  
100 State House Station  
Augusta, ME 04333-0100

RE: Resolves 2019, Ch. 55, *Resolve, To Increase Access to Housing-related Support Services*

Senator Gratwick, Representative Hymanson, and Members of the Joint Standing Committee on Health and Human Services:

This report was prepared in March 2020. Due to the attention directed toward COVID-19 response, it's transmission to the legislature was delayed. Recommendations reflect work that happened before COVID-19.

Section 3 of *Resolve. 2019, Ch. 55, Resolve, To Increase Access to Housing-related Support Services (LD 1318)* instructs the Department of Health and Human Services to report to you on work performed pursuant to sections 1 and 2 of the resolve, which instructs the Department to:

1. "...examine opportunities available pursuant to a home and community-based services waiver...including but not limited to a Medicaid 1915(i) state plan amendment, to provide housing-related services to persons experiencing chronic homelessness who have mental health or substance use disorders and other vulnerable populations," and
2. Collaborate with the Maine State Housing Authority and solicit input from stakeholders.

Persons experiencing chronic or long-term homelessness often present with one or more of the following conditions:

- Complex medical conditions with risks for inpatient admission and long-term treatment needs;
- Mental health conditions;
- Substance use disorder;
- Intellectual or developmental disabilities;
- Cognitive impairments from brain injury;
- Learning disabilities;
- Histories of placement within state psychiatric hospitals, prisons, jails, hospital psychiatric units, hospital Emergency Departments (ED), rehabilitative clinics, treatment centers for substance use disorders, and child welfare placements.

Further, it is known that a person's homelessness contributes to poor health outcomes and associated higher health costs.

With these complex challenges, the needs of the long-term and chronically homeless are such that even when a housing voucher is available, if the person does not have support services to help them with day-to-day challenges that contribute to their homelessness, they remain at risk of continued homelessness.

After evaluating other states' approaches and emerging/evolving best practices, the workgroup is developing a proposal for consideration which includes the following elements:

1. A benefit that would be paid on a per member per month basis (i.e., a single monthly payment for each member, rather than fee for service):
2. The benefit would have two tiers -- pre-tenancy and post-tenancy<sup>1</sup> -- and each tier would have its own distinct per member per month rate, since the nature and intensity of the benefit would differ between the two tiers.
  - a. During the pre-tenancy period, the provider would deliver benefits to the member in the setting where the member may be situated, which may include, but not be limited to, meeting the member where they currently reside, or meeting them in a shelter, an ED, a jail or prison or hospital, or in a public setting, etc.
  - b. Once the member is housed in either site-based or scattered-site housing, the post-tenancy benefit would be available.
3. Some members may need the service on an ongoing basis to help them maintain permanent housing, while others may “graduate” from the service after they reach a point at which they are able to maintain housing without the service and transition to lower intensity services.

Prior to the enactment of this Resolve, MaineCare, in partnership with MaineHousing, proactively applied for a Center for Medicare and Medicaid Services (CMS) Medicaid Innovation Accelerator Program (IAP) State Medicaid-Housing Agency Partnerships Implementation Track, which aims to address the same issues. Under the IAP, technical assistance is available to states from the Corporation for Supportive Housing (CSH), a national organization based in Chicago, and the Center for Health Care Strategies (CHCS), a national organization based in New Jersey.

In June 2019, MaineCare began hosting monthly meetings with a workgroup comprised of MaineCare, the Maine State Housing Authority, and a broad range of community stakeholders and experts in the field (see Appendix for a list of workgroup participants).

Since that time, the workgroup and MaineCare have been assessing options for development of a MaineCare benefit that would provide supports to persons experiencing chronic or long-term homelessness to help them obtain and maintain housing. It has not completed this work. When the workgroup has drafted the proposal, it will ask for: (1) stakeholder feedback on the proposed model, (2) what types of agencies might be interested in providing this benefit, and (3) feedback

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<sup>1</sup> Pre-tenancy services would include: targeted outreach and engagement, psychosocial assessment, case management and care plan development, housing transition services, and transportation supports. Tenancy support services would include: crisis intervention; individual service planning and goal setting; therapeutic habilitative & rehabilitative skills development; housing coordination and tenancy supports; medical care services coordination; behavioral health services support; income, employment, education and vocational supports; tenant support groups; peer supports; and transportation supports.

regarding the staff qualifications and ratios necessary to provide the benefit. Additionally, work is underway to identify whether there is need for legislation, quantify the demand for the benefit, as well as to project cost, potential savings, and outcomes. This information will inform next steps.

The Department has not taken any position on the work of the working group to date.

Sincerely,

A handwritten signature in black ink, appearing to read "Michelle S. Probert". The signature is fluid and cursive, with a large initial "M" and a distinct "P" at the end.

Michelle S. Probert, Director  
MaineCare Services

## Appendix – Participants in IAP Workgroup

<u>Name</u>	<u>Organization</u>
Peter Kraut (Team Lead)	DHHS, Office of MaineCare Services
Lauren Bustard	MaineHousing
Cullen Ryan	Community Housing of Maine
Donna Kelley	Waldo Community Action Partners
Donna Yellen	Preble Street
Frank D'Alessandro	Maine Equal Justice
Josh D'Alessio	Penobscot Community Health Center
Katie Sendze	HealthInfoNet
Richard Hooks Wayman	Volunteers of America Northern New England
David Simpson	Department of Corrections
Chester Barnes	DHHS, Office of Substance Abuse and Mental Health Services
Tom Leet	DHHS, Office of MaineCare Services
Gretchen Zeh-Higgins	DHHS, Office of Aging and Disability Services
Alice Preble	DHHS, Office of Child and Family Services